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PTO/SB/21 (09-04)	

January 27, 2006

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/674,569	
Filing Date	September 29, 2003	
First Named Inventor	Janakiraman, Karthik	
Art Unit	1763	
Examiner Name	ZERVIGON, RUDY	
Attorney Docket Number	A6378C1/T45510	(

ENCLOSURES (Check all that apply)							
$\boxtimes$	Fee Trans	smittal Form		Drawing(s)			After Allowance Communication to TC
	F6	ee Attached		Licensing-related Paper	ers		Appeal Communication to Board of Appeals and Interferences
	Extension Express A	ent/Reply fter Final ffidavits/declaration(s) of Time Request bandonment Request n Disclosure Statement		Petition Petition to Convert to a Provisional Application Power of Attorney, Re Change of Correspond Terminal Disclaimer Request for Refund CD, Number of CD(s)	n vocation dence Address	•Copy	Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  Proprietary Information  Status Letter  Other Enclosure(s) (please identify below):  Irin Postcard  y of recorded assignment for U.S. cation No. 10/674,569  y of recorded assignment for U.S. cation No. 09/179,921
				Landscape Tab	le on CD	•PTO	/SB/08A&B
	Certified Copy of Priority Document(s)  Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53  Remarks The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.						
		SIGNA	TURE	OF APPLICANT, A	ATTORNEY,	OR AG	ENT
Firm N	lame	Townsend and Towns	end ar	nd Crew LLP			
Signati	Signature						
Printed name Kent J. Tobin							
Date	·	January 27, 2006 Reg. No. 39,496					
		CI	ERTIFI	CATE OF TRANSI	MISSION/MA	ILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.							

Signature

Typed or printed name

Eleanor J. Taylor

JAN 9 0 2006

Effective on 12/08/2004.

Effective on 12/08/2004.

CHARGE TO A NICRAITT A

## FEE TRANSMITTAL For FY 2006

Applicant	claims	small entity	status.	See 37	CFR 1	.27

TOTAL AMOUNT OF PAYMENT

(\$)	1590

Complete if Known			
Application Number	10/674,569		
Filing Date	September 29, 2003		
First Named Inventor	Janakiraman, Karthik		
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Art Unit	1763		
Attorney Docket No.	A6378C1/T45510		

TOTAL AMOUNT OF TATI	(4) 1000	Attorney Docket	No.   A63/8C1/145510	
METHOD OF PAYMENT	(check all that apply)			
Check Credit C	ard Money Order	None Other (ple	ease identify):	
Deposit Account De	eposit Account Number: 20-	1430 Deposit Accou	unt Name: Townsend and Towns	end and Crew LLP
For the above-ident	tified deposit account, the [	Director is hereby authorized t	o: (check all that apply)	
Charge fee(s)	indicated below	Charg	ge fee(s) indicated below, excep	t for the filing fee
Charge any ad under 37 CFR	ditional fee(s) or underpay	ments of fee(s)	t any overpayments	
WARNING: Information on this	form may become public. Cr		t be included on this form. Provide	e credit card
information and authorization of FEE CALCULATION	on P10-2038	· · · · ·		
1. BASIC FILING, SEAR	CH. AND EXAMINATIO	N FEES		
,	FILING FEES	SEARCH FEES	EXAMINATION FEES	
Application Type	Small Entity Fee (\$) Fee (\$)	Small Entity Fee (\$) Fee (\$)	Small Entity Fee (\$) Fee (\$)	Fees Pald (\$)
Utility	300 150	500 250	200 100	
Design	200 100	100 50	130 65	
Plant	200 100	300 150	160 80	
Reissue	300 150	500 250	600 300	
Provisional	200 100	0 0	0 0	
EXCESS CLAIM FEES  Fee Description  Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent  Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent  Multiple dependent claims  Total Claims  Extra Claims  Fee (\$) Fee Paid (\$) Multiple Dependent Claims  Fee (\$) Fee Paid (\$) Multiple Dependent Claims  Fee (\$) Fee Paid (\$) Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20 Indep. Claims  Extra Claims  Fee (\$) Fee Paid (\$)  Fee Paid (\$)				
4. OTHER FEE(S)		(. 5000 ap 10 d W		Fees Paid (\$)
Non-English Specific	cation. \$130 fee (no s	small entity discount)		<u>rees raiu (\$)</u>
Other: Petition for E	Extension of Time (3 mo	• •	)	1590
SURMITTED BY				

SUBMITTED BY			
Signature	0752	Registration No. (Attorney/Agent) 39,496	Telephone 650-326-2400
Name (Print/Type)	Kent J. Tobin		Date January 27, 2006